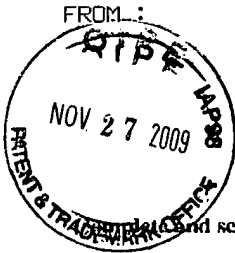


FROM :

FAX NO. :

Nov. 28 2009 01:17AM P2



## PART B - FEE(S) TRANSMITTAL

and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax** (571)-273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "PFI ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

08/28/2009

Ali Mokhtar Al Hossary  
 12 El- Morsy Street  
 and Ecl-Etr  
 Al Sanaueyyah Domietta post code. 34713  
 EGYPT

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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE, address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY FOR FEE(S)	CONFIRMATION NO.
10/578,673	05/09/2006	Amr Ali Al-Hossary		3883

TITLE OF INVENTION: AN INTRAVENOUS DEVICE AND METHOD FOR REMOVING OF MYOGLOBIN FROM CIRCULATING BLOOD

nonprovisional	YES	\$755	\$300	50	\$1055	11/30/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS	11/30/2009 RHEBRAH1 00000001 10578673			
MORTIMER, VIRGINIA ALLEN	1645	604-035000	01 FC:2501	02 FC:1504	755.00 NP	300.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53).  
☒ Change of correspondence address (or Change of Correspondence "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02, or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively  
 registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☐ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are submitted:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form)

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

Interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Dr. Amr Al-Hossary

Date

11/27/2009

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.